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Contributors, subscribers and readers will find important information on the sixteenth advertising page following the reading matter.

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## ORTHODIAGRAPHY

Renewed interest in an old method promises to make the X-ray as indispensable an aid in the diagnosis, prognosis and control of certain circulatory diseases as it has been for some years in the investigation of gastro-intestinal disorders. The French school of radiologists, represented especially by Vaquez and Bordet<sup>1</sup> of the Faculty at Paris, have succeeded by elaboration of the orthodiagraphic method in elevating the orthodiagraph to the dignity of a clinical instrument of precision.

Orthodiagraphy has been for long neglected in this country; it has a technique which requires care and precision to make its results valuable, and the shortcut of teleradiography has appealed to most American radiologists as an easier, if a far less efficient, method of approach in cardiac diagnosis.

Orthodiagraphy is the use of the central ray of the X-ray bundle to project accurately upon the fluorescent screen the exact size and outline of any object opaque to it. It is obvious that in deducing the size of an object from the size of its shadow, whether that shadow be cast by ordinary light or by the X-Ray, that the pencil of rays projecting the shadow must be parallel in order to avoid distortion and magnification. The method of obtaining the central rays of an X-Ray bundle is comparatively simple and the recording of the shadows cast by them is a matter of painstaking care, rather than of highly developed skill. Teleradiography aims to achieve this result by removing the tube so far from the patient that the rays as they strike him are practically parallel, and hence cast shadows

similar in size and shape to the objects which lie in their path. The method is unfortunately limited to plates taken in the routine antero-posterior position and does not lend itself to procuring tracings at any angle and while the patient is under easy and continuous observation as does the orthodiagraphic screen technique.

Vaquez and Bordet, in their two monographic studies of the heart and the great vessels at its base, and using the orthodiagraph as their method of approach, have more than laid the foundation for a new advance upon the problems of the clinical pathology of the central circulatory apparatus. They are able, among other things, to demonstrate an early ventricular hypertrophy by a simple calculation based on orthodiagraphic findings long before ordinary clinical methods could hope to detect it. They have shown the comparative ease with which the dilatation of a single chamber, the left auricle for instance, can be determined positively by tracings made in the oblique positions; findings necessarily of extreme value and suggestiveness when there is a question of early organic pathology in the heart. The method is of no less value in determining the nature and observing the progress of lesions of the aorta. Aside from the accurate mensuration which it makes possible, it facilitates the differential diagnosis between the various inflammatory and degenerative changes that are liable to attack the coats of that vessel.

Vaquez and Bordet have introduced to the clinical world a method which, in skillful hands and properly controlled, may take rank with such sacrosanct instruments as the internist's fingers and his stethoscope as aids and illuminants on the sometimes dark and dubious road of cardiac diagnosis.

<sup>1</sup> Le Coeur et l'Aorte and Radiologie des Vaisseaux de la Base du Coeur, by H. Vaquez et E. Bordet. Published by J. B. Bailliere et Fils, Paris.

ment by open operation, wiring of fragments, and suture of fascia and aponeurosis. Ectopic testicle: Perineal variety: Operation and implantation of testicle in scrotum. Primary hemangiomatous endothelioma of spleen. **G. P. Muller:** Large enchondroma of scapula of many years' duration; excision of tumor and scapula followed by local recurrences. Enchondroma of scapula and long bones. Chondro-osteoma of humerus in young boy. Multilocular cyst of lower jaw, treated by simple excision and followed by cure for a period of three years.

**Anaphylaxis and Anti-Anaphylaxis and Their Experimental Foundations.** By A. Besredka. 143 pp. St. Louis: C. V. Mosby Company. 1919. Price, \$2.25.

Besredka must be considered the authority par excellence on the subject of desensitization or anti-anaphylaxis, as Victor C. Vaughan appropriately states in the preface to the American Edition of this monograph. It is not surprising to find, therefore, Chapter V of this small book to contain a vast amount of information which is of great practical value to those who are concerned in any form of treatment involving the use of serums, vaccines or the injection of proteins of any kind. The statements on food idiosyncrasies, tuberculin-allergy, etc., are clear and definite. As is well known the idea that the antibody-antigen reaction that causes the shock of anaphylaxis takes place in or upon the cells of the fixed tissues originated with Besredka, who believes that the reaction which determines the shock occurs in certain cells of the central nervous system. It may be remarked here that since, in the guinea pig, the rabbit and the dog, the pathological changes of anaphylaxis have been shown to occur independently of the central nervous system, the latter phase of Besredka's theory, which this author maintains in the monograph is evidently untenable. The theories relating to anaphylaxis are dealt with in Chapter VII. The specialist misses a number of important observations and probably desires a more detailed discussion of the various hypotheses, which have been offered to account for the phenomena of anaphylaxis and allergy.

The concluding Chapter VIII, "Recent Work on Anaphylaxis," by Dr. Gloyne, is excellent, and supplements in many respects the presentation of Besredka. As a whole it can be said that a complicated subject is explained in an attractive manner and this monograph should be consulted by all medical men, who have already made themselves familiar with the elements of this subject.

K. F. M.

## Books Received—July, 1921

Books received are acknowledged in this column, and such acknowledgment must be regarded as a sufficient return for the courtesy of the sender. Selections will be made for review in the interests of our readers and as space permits.

Surgical Clinics of North America. April, 1921. Vol. I, No. 2. Publisher, W. B. Saunders Co.

Typhus Fever With Particular Reference to the Serbian Epidemic. Publisher, Harvard Press University.

Intestinal Flora. By Rettger and Chaplin. Publisher, Yale University.

Allen Treatment of Diabetes. By Hill & Eckman. Publisher, W. M. Leonard.

Infections of the Hand. By Kanavel. Publisher, Lea & Febiger.

Roentgen Interpretation. By Holmes & Ruggles. Publisher, Lea & Febiger.

Diseases of the Skin. By Ormsby. Publisher, Lea & Febiger.

Nutrition and Clinical Dietetics. By Carter-Howe & Mason. Publisher, Lea & Febiger.

Evolution of Disease. By Danysz and Rackemann. Publisher, Lea & Febiger.

## Medicine Before the Bench

In this column from time to time will appear comments on court decisions and proceedings affecting public health laws, physicians and surgeons, the conduct of hospitals, laboratories, X-ray and all the agencies of modern medicine.

### LEGAL LIABILITY FOR TRANSMITTING INFECTION

Both civil and criminal courts have recently rendered decisions declaring that the transmission of venereal disease lays the offender open to criminal and civil action.

In Oklahoma a man has been sentenced to five years in the penitentiary for infecting a girl with syphilis. In Nebraska the court upheld a doctor who warned a hotel keeper that one of his patients, a guest at the hotel, had syphilis and had refused treatment and was consequently a menace to the public health. In North Carolina a woman has been awarded \$10,000 damages against her husband for a similar infection, and the Supreme Court has upheld the judgment.

The Nebraska case is important because it asserts that a physician's duty to protect the public health may, under certain circumstances, transcend his duty to hold his patient's confidence inviolable. The North Carolina case is also important because it sets aside in this particular case the legal barrier that prevents a wife from testifying against her husband and bringing suit against him.

All three cases are valuable in counteracting incorrect statements, often made, that the venereal disease law falls almost exclusively on women and lets men go free. State laws, of course, govern in all such cases, but the fact that every State in the Union has now adopted many, if not all, of the venereal disease laws, gives ground for expecting similar action in other States. Certainly the wide dissemination of the three decisions should go far to curb diseased persons who deliberately expose others to infection.

Curiously enough, the District of Columbia is the only part of continental United States that has no venereal disease laws. Congress, which makes the laws for the district, has not yet acted.

The fact that the North Carolina decision makes it likely that marriage will henceforth be no adequate defense against a suit for transmitting infection will probably hasten the adoption by the States of laws requiring every applicant for a marriage license to present a certificate by a reputable doctor certifying that he is free from venereal disease and providing that without this no license shall be issued.

Twenty States have already adopted laws forbidding persons with venereal disease to marry; seven of these—New Hampshire, New Jersey, North Carolina, Oregon, Washington and West Virginia—having acted during the present year's sessions. Similar bills are now pending in several States.

All of the twenty States do not require medical examination and certification that the applicant is free from venereal disease. "Such certificate should be required in every State," insists the Public Health Service. "Any decent man with an uncured infection who marries does so either because he does not realize the seriousness of his action or because he believes that he is cured. The necessity for an examination should bring its seriousness home to him and should be welcomed by him as a protection for his wife and children. No real man should object to a medical examination required by law."

Of course those that hold the thought that disease is non-existent and those that believe that thumping the spine is the proper procedure demur to these decisions recently rendered.

### DECAYED TEETH AND CHILDREN'S DISEASES

That decayed teeth are very strong predisposing causes to the "catching" of measles, scarlet fever, pneumonia, mumps, and other childish diseases is strongly urged by the U. S. Public Health Service, which cites very considerable reductions in those diseases in cities where dental clinics have been established in the schools. At Bridgeport, Conn., for instance, diphtheria has been lessened 8 per cent. At an orphanage in Boston these diseases, which had annually afflicted about one-third of the 325 inmates, practically disappeared after eight months' dental work. The absorption of pus from rotting teeth had weakened the children and made them easy victims to disease germs, and the cleaning up of this increased their powers of resistance.

### NEW PUBLIC HEALTH SERVICE HOSPITALS

Washington, May — The hospital program of the U. S. Public Health Service is moving rapidly. Nine new hospitals, which will accommodate more than three thousand patients, are now being put into shape for early occupancy. Three of these, in Iowa, Montana, and Oregon, with a capacity for about five hundred patients, should be in operation within two months. Others will not be ready for a longer time. Especially will this be the case with three Army reservations, two of which had been abandoned for ten to twenty months, which were specifically transferred to the Service by Act of Congress.

The Colfax hotel, at Colfax, Iowa, a leased building with 130 acres of grounds, is being fitted to receive two hundred patients. The Army hospital at Fort William Henry Harrison, near Helena, Mont., will be opened with one hundred general patients, but may later be greatly expanded. Additional money will be necessary to fit the buildings at Dawson Springs, near Hopkinsville, Ky., for maximum usefulness; but the necessary funds are expected to be forthcoming and the hospital to be opened with five hundred tuberculosis patients within five months. The Hahnemann hospital, at Portland, Oregon, should be ready for 164 general patients by July 1, and the Speedway Hospital, at Chicago, for one thousand general patients by August 1.

Of the three Army posts specifically turned over by Congress, that at Fort Walla Walla is attractively situated near Walla Walla, Wash., on a low plateau near the junction of the fruit and wheat belts. The post has been abandoned for a year and, except for two brick barracks, its buildings are in bad condition and must be rebuilt. It will shelter 284 tuberculosis patients.

Fort McKenzie, one mile northwest of Sheridan, Wyo., is pleasantly situated against a northern shield of mountains. Its brick buildings surround a fine parade ground, once planted with trees, which, however, have suffered severely from lack of irrigation since the post was abandoned. Most of the region is sparsely timbered.

The red brick buildings of Fort Logan H. Roots, near Little Rock, Ark., stand on a bluff overlooking the Arkansas River. During the war some temporary wooden buildings were erected, but most of these have been removed.

Fort McKenzie and Roots are each planned to accommodate more than six hundred nervous-mental cases. Each of the three posts is likely to be ready in less than six months.

A naval station, at Gulfport, Miss., has just been taken over from the Navy by the Public Health Service and will be utilized as a hospital or home either by the Service or by some other branch of the government.

### SPARE THE OX

According to a bulletin just issued by the U. S. Public Health Service, a French investigator has discovered that the malaria mosquito prefers cattle to human beings and will feed on them whenever she can, thus materially reducing the human malaria rate in several parts of France. He suggests fitting up stables as gigantic mosquito traps with cattle for bait. Here's a chance for the antivivisectionists and anti-vaccinationists to start a movement under the slogan, "Spare the ox; let the mosquito bite your own child."

## Commission on Milk Standards

### UNITED STATES PUBLIC HEALTH SERVICE

The number of bacteria in milk depends on dirt, temperature, and age, says the United States Public Health Service. Specific disease bacteria are not often present, and the difficulty of detecting them by laboratory methods renders these of little value in guarding milk against specific disease. The only practical safeguard is by medical, veterinary, and sanitary inspection and by pasteurization.

Bacterial counts indicate the safety and the "decency" of milk. Small numbers of bacteria indicate fresh milk, produced under clean conditions and kept cool; large numbers indicate dirty, warm, or stale milk.

Bacteria in milk are related to infant mortality. Children fed on milk containing few bacteria show a lower death rate than those fed on milk containing many. Bacteria harmless to adults may cause infant diarrhea, and milk containing large numbers is apt to contain species capable of setting up intestinal inflammation in infants.

In making the counts the methods of the American Public Health Association Laboratory Section should be used. Extensive study justifies the conclusion that bacterial analyses of duplicate samples of milk by routine methods in different laboratories vary about 28 per cent. Tests of five samples will give fairly accurate results and will always permit any milk to be accurately graded. At least four of the five should show fewer bacteria than the maximum allowed for the grade awarded. Grading should never be based on a single sample.

The grading of milk by the bacterial tests greatly modifies milk inspection by public health officials. Bacterial tests should precede dairy inspection, for they will point the way to insanitary milk. The milk inspection service should be reorganized, and it and the laboratory service co-ordinated under one head.

The Commission on Milk Standards, which was established in March, 1911, by the New York Milk Committee, a voluntary organization, consists, at the present time, of seven public health officials, six bacteriologists, four chemists, and two agricultural experts.

## Notices

### SECTION ON ORTHOPEDIC SURGERY

The Council of the State Medical Society has approved the establishment of a Section on Orthopedic Surgery and has appointed for the first year's work of this section, Dr. W. W. Richardson of Los Angeles, chairman, and Dr. G. J. McChesney of San Francisco, secretary. In the 1922 program special time will be allotted to this section. Members interested in presenting papers should correspond with either Dr. Richardson or Dr. McChesney.

### SECTION ON OBSTETRICS AND GYNECOLOGY FOR THE COMING STATE MEETING

In the past years we have lost some very valuable discussions owing to the failure to employ a meeting stenographer. Furthermore, resolutions passed at various meetings have been forgotten because they were not properly recorded. If those who are interested in this section will contribute a small sum of \$5 we shall be able to have a stenographer at our next meeting and perhaps will be able to provide mimeographed copies of the discussions.

I, therefore, call on those who wish a strong Section of Obstetrics and Gynecology to help us to make a success by mailing a check to the Secretary of this Section.

DR. L. A. EMGE,

Stanford University Hospital, Sacramento and Clay Streets, San Francisco, Calif.

### PACIFIC COAST ORTHOPEDIC ASSOCIATION

The Pacific Coast Orthopedic Association was organized on May 13, 1920, with charter members from California and Washington. A constitution and by-laws was adopted. Dr. Harry M. Sherman (deceased) of San Francisco was elected president of the association, Dr. M. C. Harding of San Diego was elected vice-president, and Dr. Thomas A. Stoddard of San Francisco, secretary-treasurer. In order to become a member of this association, it is necessary that the physician limit his practice to orthopedic surgery, and that his application be accompanied by a thesis on some orthopedic subject, showing either original work or special work or a critical review of literature on an orthopedic problem.

### NARCOTIC LAW

The following letter from the Assistant Prohibition Commissioner to John L. Flynn, Acting Director of Internal Revenue, suggests a legitimate way by which physicians may dispose of excess stocks of narcotics:

"Receipt is acknowledged of your letter of May 31, 1921, in which you state that quite a few druggists with Class 3 and Class 5 licenses, and some physicians registered in Class 4, are coming into your office 'with large stocks of inventories which they wish to reduce.' They desire to give part of their narcotic drugs to some charitable institutions, there being several of these which are registered in your office, among which are the San Francisco Tuberculosis Clinic, The Little Sisters of the Poor, King's Daughters and the Pacific Hebrew Home for Aged. Some of these institutions have asked you if it would be permissible to take over the narcotics donated to them by attaching an affidavit to the original order form, stating the purpose for which the narcotics are obtained, and that no financial consideration of any kind enters into the transaction, this affidavit to be kept on file with the duplicate order forms kept in the narcotic records of the institution.

"In reply you are advised that such narcotic drugs would apparently constitute excess stock, and this being the case, it is the opinion of this office that a physician desiring to dispose of such excess stock by giving it to a duly registered charitable institution may, under the provisions of T. D. 1199, dispose of same by a single sale (or gift), pursuant to an order form, to the institution without thereby incurring additional liability under the Harrison Act. The original order form should, of course, be preserved with the physician's narcotic records and the duplicate order form with the institution's records for a period of two years to show the disposition of the drug."

### THE CALIFORNIA STATE HOMEOPATHIC MEDICAL SOCIETY

The forty-fifth session of the California State Homeopathic Medical Society was held at the Hotel San Rafael on May 11 and 12, and concluded at Hahnemann Hospital, San Francisco, May 13. The following officers were elected for the ensuing year: President, Dr. H. L. Shepherd; first vice-president, Dr. J. H. Buffum; second vice-president, Dr. Lillie Boldemann; secretary, Dr. Guy E. Manning; board of directors—Drs. Wm. Boericke, J. W. Watd, Sidney Worth, George H. Martin and A. K. Crawford.

### New Members

Dr. Adolph Gottschalk, San Francisco; Dr. W. C. Hobdy, San Francisco; Dr. J. R. Masterson, San Francisco; Dr. Margaret Schulze, San Francisco; Dr. Evan C. Mills, San Francisco; Dr. M. H. Hirschfeld, San Francisco; Dr. L. E. Hardgrave, San Francisco; Dr. George A. Gray, San Jose; Dr. Harry E. Peters, Pittsburg; Dr. Edgar Holm, Eureka; Dr. J. Walter Kean, Los Angeles; Dr. W. T. Jamison, Pacific Grove; Dr. J. M. Colburn, Riverside; Dr. Benj. J. Edger, San Francisco; Dr. H. S. Chapman, Stockton; Dr. Jewel Fay, Livermore; Dr. John W. Bardill, Holtville; Dr. E. D. Craft, Los Angeles; Dr. William A. Clark, Pasadena; Dr. Robert A. Stanton, South Pasadena; Dr. H. M. Hall, Los Angeles; Dr. Arnold E. Saverien, Los Angeles; Dr. Edwin M. Clinton, Los Angeles; Dr. R. V. Graves, Fullerton; Dr. M. H. Heldman, Fullerton; Dr. Judson H. Cole, Anaheim; Dr. Camillo Barsotti, San Francisco; Dr. Stuart C. Way, San Francisco; Dr. Jerome D. Wirt, San Francisco; Dr. A. H. Rosburg, San Francisco; Dr. Herlwyn R. Green, Palo Alto; Dr. George W. Goodale, San Francisco; Dr. A. O. Eckhardt, Downieville; Dr. A. W. Kimball, Williams; Dr. R. M. Moose, San Bernardino; Dr. E. A. Cokat, East San Diego; Dr. F. L. Clemens, San Diego; Dr. L. B. Oliver, Chula Vista; Dr. W. O. Weiskotten, San Diego; Dr. E. N. Young, San Diego; Dr. George McKenzie, Concord; Dr. J. M. Ward, Oakland; Dr. Edward Purcell, Oakland; Dr. S. A. Lockwood, Oakland; Dr. E. M. Lundegaard, Oakland; Dr. L. L. Sherman, Oakland; Dr. Horace B. Dean, Weimar; Dr. Alfred A. Gumbiner, Los Angeles; Dr. John A. Leas, Los Angeles; Dr. William A. Strole, Los Angeles; Dr. Salvatore R. Monaco, Los Angeles; Dr. J. T. Edward, Pasadena; Dr. M. C. Terry, Los Angeles; Dr. I. Leon Meyers, Los Angeles; Dr. Cortland Myers, Los Angeles; Dr. Frank D. Coleman, Los Angeles; Dr. J. W. Farrell, Los Angeles; Dr. F. F. Thompson, Los Angeles; Dr. William B. Wright, Los Angeles; Dr. T. C. Lyster, Los Angeles; Dr. Julian N. Dow, Los Angeles; Dr. Mary B. Poket, Hamilton City; Dr. William D. Sansum, Santa Barbara; Dr. Franklin Nuzum, Santa Barbara; Dr. Hugh F. Freidell, Santa Barbara; Dr. Charles F. Mills, Atascadero; Dr. L. M. Pulsifer, Davis; Dr. W. H. Heuschele, Santa Clara; Dr. E. M. Miller, San Jose; Dr. Thomas K. Bowles, Modesto; Dr. George E. Hall, Palo Alto; Dr. L. J. Schermerhorn, San Francisco; Dr. A. H. Rankin, San Francisco; Dr. E. Blanche Ramer, San Diego; Dr. C. M. Vanderburgh, Fresno; Dr. Walter H. Sullivan, Sausalito; Dr. Chester A. DeLancey, San Quentin; Dr. S. B. Hewitt, San Francisco; Dr. Sidney Reiser, San Francisco; Dr. Caroline Cook Coffin, Oakland; Dr. Sherman Tuttle, San Francisco; Dr. Otto Barkan, San Francisco; Dr. John C. Williams, San Francisco; Dr. Davis Grisso, San Francisco; Dr. F. J. Carlson, San Francisco; Dr. A. E. Benner, San Mateo; Dr. James B. Bullitt, San Jose; Dr. W. N. Finney, Concord.